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Bib Data Sheet

CONFIRMATION NO. 1783

SERIAL NUMBER 10/707,784	FILING DATE 01/12/2004 RULE	CLASS 425	GROUP ART UNIT 1722	ATTORNEY DOCKET NO. 23093/04006
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APPLICANTS

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** CONTINUING DATA ***** *NOVR*** FOREIGN APPLICATIONS ***** *NOVR*

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** SMALL ENTITY **

** 03/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	OH	6	11	3

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TITLE

INTERCHANGEABLE BLOW MOLD PARISON CLOSING APPARATUS

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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